Application for Original Contractor's License Form 13A-1a

This application for original contractor's license is to be used for 7065 waiver only applicants (e.g. sole owner applying for a corporate license). Section 7065 of the Contractors License Law states in part "No examination shall be required of a qualifying individual if, within the five-year period immediately preceding the application for licensure, the qualifying individual has either personally passed the written examination for the same classification being applied for, or has served as the qualifying individual for a licensee whose license was in good standing at any time during the five-year period immediately preceding the application for licensure and in the same classification being applied for."

been listed on Board records as the qualifier for a license which was in good standing in the same class being

At any time WITHIN THE LAST FIVE YEARS, has the applicant/qualifying individual: applied for, OR personally passed both the law and trade portions of the written exam in the same class being applied for. If ves, this application is appropriate. If **no**, please use an Application for Original Contractors License form 13A-1. WE WANT TO PROCESS YOUR APPLICATION AS SOON AS POSSIBLE. PLEASE USE THE FOLLOWING INFORMATION CHECKLIST TO BE SURE YOUR APPLICATION FORM IS COMPLETE AND ACCURATE BEFORE SUBMITTING IT. All areas on the application must be completed. If a PO or PMB Box is listed for either the business or residence address, a physical address must also be shown. **Business Name:** Full business name must be listed. The business name must be in compliance with the classification applied for. If a corporation, the business name listed on the application must be shown exactly as it is listed with the California Secretary of State's Office. All partnerships must list their FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN). A number can be obtained by contacting the IRS at (800) 829-1040. If you are a corporation applying for licensure, you must first register the corporation with the California Secretary of State's Office. For corporate registration information you may call (916) 653-2318. Applications received for unregistered corporations cannot be processed and will be returned to the applicant. All corporations must list their CORPORATE NUMBER. The corporation must be active and in good standing. All domestic corporations must list the three required titles of president, secretary and treasurer. If you answered "yes" to questions 10-12 on page 2, you must provide a complete explanation. For FASTER PROCESSING, the following items must be submitted with the application: \$250.00 Application Fee (single classification); add \$50 for each additional classification \$150.00 Initial License Fee \$7,500,00 New Original Contractors Bond (\$10,000.00 if C-53/Swimming Pool classification) Workers' Compensation Certificate of Insurance (in the business name as shown on this application) or if no employees, an Exemption from Workers Compensation If your new license will be qualified by a Responsible Managing Employee (RME) you must also submit a \$7500.00 Bond of Qualifying Individual. If your new license will be qualified by a Responsible Managing Officer (RMO) that owns

less than 10% of the new business, you must also submit a \$7500.00 Bond of Qualifying

Individual.

LIST OF CLASSIFICATIONS OF CONTRACTORS

General Engineering Contractor General Building Contractor Boiler, Hot-Water Heating and Steam Fitting	A B C-4	General Manufactured Housing Glazing Insulation and Acoustical Landscaping	C-47 C-17 C-2 C-27	Roofing Sanitation Systems Sheet Metal Solar	C-39 C-42 C-43 C-46
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Building Moving/Demolition	C-21	Lathing and Plastering	C-35	Structural Steel	C-51
Carpentry, Cabinet and Millwork	C-5	Lock and Security Equipment	C-28	Swimming Pool	C-53
Concrete	C-8	Low Voltage Systems	C-7	Tile (Ceramic & Mosaic)	C-54
Construction Zone Traffic Control	C-31	Masonry	C-29	Warm Air Heating,	
Drywall	C-9	Ornamental Metal	C-23	Ventilating and	
Earthwork and Paving	C-12	Parking and Highway Improvement	C-32	Air-Conditioning	C-20
Electrical	C-10	Painting and Decorating	C-33	Water Conditioning	C-55
Electrical Sign	C-45	Pipeline	C-34	Welding	C-60
Elevator	C-11	Plumbing	C-36	Well Drilling	C-57
Fencing	C-13	Refrigeration	C-38	Limited Specialty*	C-61
Fire Protection	C-16	Reinforcing Steel	C-50		
Flooring and Floor Covering	C-15	-			

CONSTRUCTION MANAGEMENT EDUCATION SPONSORSHIP ACT OF 1991

Article 8.5, commencing with Section 7139, of the Business and Professions Code (Contractors License Law), established the Construction Management Education Sponsorship Act of 1991. This act established a grant program for qualified public post secondary educational institutions which have courses of study in construction management. An applicant/licensee may voluntarily contribute twenty-five dollars (\$25) to the Construction Management Education account at the time the initial license fee or renewal fee is paid. If you wish to contribute to the Construction Management Education Account, please submit a separate check or money order payable to the CSLB/Construction Management Education Account. This is a voluntary contribution.

Should you have any questions or need assistance, please contact our office at (800) 321-2752 or use our website at www.cslb.ca.gov.

^{*}C-61, Limited Specialty, is for a specialty contractor whose operations as such are the performance of construction work requiring a special skill not included in the other specialty classifications or only a part of a specialty classification.

State of California Department of Consumer Affairs

CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, CA 95827-1703 Mailing Address: P.O. Box 26000, Sacramento, CA 95826

(916) 255-3900 or (800) 321-2752 Internet Address: www.cslb.ca.gov

INITIAL LIC. FEE

APPLICATION FEE

GRANTED DATE

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APPLICATION FOR ORIGINAL CONTRACTOR'S LICENSE

(to be used for 7065 waiver only)

APPLICATION FEE - \$250 (single classification only)/Each Additional Classification - \$50 LICENSE FEE REQUIRED FOR ISSUANCE - \$150

TOTAL FEES REQUIRED (single classification only) - \$400

Voluntary Contribution
\$\Begin{array}{l} \$25 Construction Management Education Fund - See insert for additional information.

LICENSE NUMBER

The \$250 application fee is NOT REFUNDABLE once the application has been filed. By law, this fee is retained even if the application is rejected. Attach a money order, personal, business, certified or cashier's check payable to the Registrar of Contractors. DO NOT SEND CASH. There will be a \$10 service charge for each dishonored check.

CSLB IS NOT AUTHORIZED TO LICENSE A LIMITED LIABILITY COMPANY

1. FULL NAME OF NEW BUSINESS 2. CLASSIFICATION(S) REQUESTED 3a. MAILING ADDRESS (Number/Street or P.O. Box) CITY STATE ZIP CODE IF YOU HAVE LISTED A P.O. or PMB BOX, A PHYSICAL ADDRESS IS REQUIRED. WITHOUT IT, YOUR APPLICATION WILL BE RETURNED. 3b. BUSINESS STREET ADDRESS CITY STATE ZIP CODE 4. BUSINESS TELEPHONE NUMBER FAX NUMBER FAX NUMBER FAX NUMBER E-MAIL ADDRESS 5. NEW BUSINESS WILL OPERATE AS A: (Partnerships must provide) (Corporations must provide) SOLE OWNERSHIP PARTNERSHIP FEDERAL EMPLOYER LD. # CORPORATION CORP # 6. WHO WILL QUALIFY THE NEW LICENSE? 7. PERCENTAGE (%) QUALIFIER OWNS OF THE NEW BUSINES 8. QUALIFIER'S EXISTING AND/OR PREVIOUS CALIFORNIA LICENSE NUMBER(S). (If none, enter N/A) 9. FOLLOWING MUST BE COMPLETED BY ALL INDIVIDUALS THAT ARE TO BE LISTED ON THE LICENSE PLEASE NOTE: DOMESTIC CORPORATIONS MUST LIST A PRESIDENT, SECRETARY AND TREASURER A. NAME: Last First Full Middle Name Date of Birth Social Security No. Driver License No. OFFICE USE ON TITLE OR POSITION (check one) Corporate Officer (indicate corporate title(s)) Driver License No. OFFICE USE ON TITLE OR POSITION (check one) Corporate Officer Council Dement Partner Limited Partner Doualifying Partner RME DRMO/Corporate Officer Council Dement Partner Limited Partner Doualifying Partner RME DRMO/Corporate Officer Council Dement Partner Limited Partner Doualifying Partner RME DRMO/Corporate Officer Council Dement Partner Limited Partner Dualifying Partner RME DRMO/Corporate Officer Council Dement Partner Demander Dualifying Partner RME DRMO/Corporate Officer Corporate Officer Condicate corporate title(s)			, , , , , , , , , , , , , , , , , , ,			4 B				
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□ Owner □ General Partner □ Limited Partner □ Qualifying Partner □ RME □ RMO/Corporate Officer (indicate corporate title(s)) B. NAME: Last First Full Middle Name Date of Birth Social Security No. Driver License No. RESIDENCE ADDRESS: Number/Street City State Zip Code Residence Phone No. OFFICE USE ON! TITLE OR POSITION (check one) □ Corporate Officer □ Owner □ General Partner □ Limited Partner □ Qualifying Partner □ RME □ RMO/Corporate Officer (indicate corporate title(s))	RESIDENCE ADDRESS: Nu	nber/Street	City		State	Zip Code	Residence Phone	No.	OFFICE C	SE UNLI
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TITLE OR POSITION (check one) □ Corporate Officer □ Owner □ General Partner □ Limited Partner □ Qualifying Partner □ RME □ RMO/Corporate Officer (indicate corporate title(s))	B. NAME: Last	First	Full Mic	idle Name	Da	ite of Birth	Social Security No.		Driver Lices	nse No.
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TITLE OR POSITION (check one) □ Corporate Officer □ Owner □ General Partner □ Limited Partner □ Qualifying Partner □ RME □ RMO/Corporate Officer (indicate corporate title(s))	RESIDENCE ADDRESS: Nu	mber/Street	City		State	Zip Code	Residence Phone	No.	OFFICE U	JSE ONLY
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□ Owner □ General Partner □ Limited Partner □ Oualifying Partner □ RME □ RMO/Corporate Officer (indicate corporate title(s))										
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C. NAME: Last First Full Middle Name Date of Birth Social Security No. Driver License No.	C. NAME: Last	Limited Partner First	<u>Jualifying Partner ⊔ Full Mic</u>	<u>{ME □ RMO/</u> ddle Name	Corporate	officer ate of Birth	Social Security No.		Driver Lice	nse No.
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Owner General Partner Oualifying Partner RME RMO/Corporate Officer (indicate corporate title(s))	•	•	Qualifying Partner I				(indicate corporate title	(s))		

NOTE: All items of information requested (except driver license numbers) are mandatory. Disclosure of social security numbers is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C) authorizes collection of social security numbers. Social security numbers are used exclusively for tax enforcement purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520. If you fail to disclose a social security number, you will be reported to the Franchise Tax Board and they may assess a \$100 penalty against you. The official responsible for the maintenance of this information is the Registrar of Contractors, Contractors State License Board. The information may be transferred to other state or governmental agencies. Individuals have the right to review the files on records maintained on them by the agency, unless the records are identified as confidential information and exempted by Section 1798.3 of the Information Practices Act.

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THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS LISTED ON THIS APPLICATION. EATION MUST BE ANSWERED. AFFIRMATIVE ANSWERS MUST BE EXPLAINED IN A DETAILED STATE FROM THE MEMBER INVOLVED.	
10. Is any person listed on this application, or any company with which any person listed on this application, associated in or deemed responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond of held on behalf of any contractors, consumers, material suppliers, employees, or the state? yes \Box no \Box	ciated with, or cash deposit
IF YOU ANSWERED YES: Write a detailed statement identifying the judgments (pending or on record), liens, any past claims, or suits and an explanation of the situation. Include the names and addresses of the parties involved. If the obligate being discharged in bankruptcy, attach a copy of the bankruptcy filing and a copy of the creditors list.	due unpaid bills, on was or is
11. Has any individual listed on this application ever been convicted of any offense(s), other than minor traffic viol state or elsewhere? yes \Box no \Box	ations, in this
IF YOU ANSWERED YES: Disclose all convictions, including the section(s) of the law(s) and thoroughly explain the acts which resulted in the conviction(s). Be sure to include the date(s) of the conviction(s), county and state where the violation(name of the court, the court case number(s) and the sentence(s) imposed. Indicate any jail/prison terms served, as well as the conditions of any applicable periods of parole or probation. List the date(s) on which parole or probation was, or will be conprovide the name(s) and telephone number(s) of your probation officer(s) and/or parole agent(s). You are required to provide information even if the conviction was sealed or expunged under Section 1203.4 of the Penal Code or applicable code of any	s) took place, the e terms and inpleted and e all of this
DO NOT ANSWER "YES" TO THE FOLLOWING QUESTION IF THE LICENSE WAS SUSPENDED FOR LAWORKERS' COMPENSATION, QUALIFIER, OR FAMILY SUPPORT.	ACK OF BOND,
12. Has any person listed on this application (or any company the person was part of) ever received a citation issue Contractors State License Board or ever had a contractor's license or any other professional or vocational license desuppended, or revoked by this state or any other state or country? yes \Box no \Box	
IF YOU ANSWERED YES: Write a detailed statement explaining the events leading to this action.	
THE FOLLOWING QUESTION MUST BE ANSWERED BY THE QUALIFYING INDIVIDUAL.	
13. The Registrar of Contractors has determined that direct supervision and control includes any one or combination of the activities: supervising construction, managing construction activities by making technical and administrative decisions, cheeproper workmanship, or direct supervision on construction job sites. Will the qualifying individual perform one or more of these duties? yes \(\sigma\) no \(\sigma\)	
IMPORTANT: To be answered only if license is to be qualified by a Responsible Managing Employee (RME). Board Rule 823 states a Responsible Managing Employee must work at least 32 hours per week or 80% of the total opera week for the enity which he/she is qualifying.	ting hours per
Will your responsible managing employee meet the requirement of Board Rule 823 cited above? yes □ no □	
14. ALL APPLICANTS MUST HAVE MORE THAN \$2,500 OPERATING CAPITAL. By law, every applicant shall evidence financial solvency. For purpose of Section 7067.5, financial solvency shall mean that the applicant's operating cap two thousand five hundred dollars (\$2,500). Operating capital is your current assests minus your liabilities. Assets include to your tools, vehicles, bank accounts, etc. Does your operating capital exceed \$2,500? yes \(\bigcup \text{no}\)	ital shall exceed
15. IMPORTANT: The following certification must be completed and signed by all personnel listed on this applica	tion.
On, I/we certify under penal (city, county, state)	ty of perjury
under the law of the State of California that all statements, answers and representations in this application, including supplementary statements attached hereto, are true and accurate, and that I/we have reviewed the entire contents of application.	ng all
SignaturePrint Name	
SignaturePrint Name	
SignaturePrint Name	•

Print Name _

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